

## CLAIMS ONLY

Mey

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1						
2						
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48						
49						
50						
Total						
dep						
Total						
Depend.						
Total						
Claims						

APPLICATION NUMBER

10/15/20

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51		/				
52		/				
53		/				
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100						
Total Indep		2				
Total Depend		25				
Total Claims		27				